



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1264

**DATE:** July 22, 2013

**TO:** Iowa Medicaid Physicians, Advanced Registered Nurse Practitioners, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHC)

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Diabetes Quality Improvement Program

**EFFECTIVE:** July 22, 2013

The Iowa Medicaid Enterprise (IME) is conducting a Quality Improvement Program (QIP) for Improving Comprehensive Diabetes Care and Reducing Diabetic Short-Term Complication Admissions. **This QIP is scheduled to begin on July 22, 2013.** This is based on the Medicaid Adult Quality Measures. The link for the list of Measures can be located at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/AdultCoreMeasures.pdf>

The target population will be Iowa Medicaid members who:

1. Have at least one gap in care for select clinical guidelines (i.e. A1c test, LDL, retinopathy, nephropathy, foot exam), a gap is defined as members who have missed opportunities to receive recommended medical care,
2. Have been identified as high-risk for a hospital admission as a result of a diabetic short-term complication.

As part of this project the IME plans to provide a **quarterly report** to primary care practitioners that will include information for members with at least one gap in care for the following areas of care: A1c test in the last 12 months; LDL screen in the last 12 months; annual retinopathy screen; annual nephropathy screen; and a foot exam in the past 12 months (see table 1.0 for an example of this report). The report will include only the members assigned to you as their primary care provider. The IME hopes this information will guide your efforts in reaching out to patients who are overdue for tests and/or visits.

Table 1.0- Patient Profile: Patients with at Least one Gap in Care Report

Patient Profile: Patients with at Least one Gap in Care							
Patient Name	Missing Test	Date of Last Test	DOB	Gender	Medicaid ID	Telephone	Provider Action
Last Name, First Name	Foot exam	NA	Xx/xx/xxxx	F	xxxxxxxxxx	xxx-xxx-xxxx	
Last Name, First Name	Foot exam	10/10/11	Xx/xx/xxxx	M	xxxxxxxxxx	xxx-xxx-xxxx	
Last Name, First Name	A1c – one test in 12 months	9/10/11	Xx/xx/xxxx	M	xxxxxxxxxx	xxx-xxx-xxxx	

To help providers compare progress with their diabetic population, the IME will also be mailing a **quarterly summary** to providers with 10 or more attributed Medicaid patients with a diabetes diagnosis. As shown in Table 2.0 below, the report will include the percentage of your diabetic patients who have received select diabetes services recommended in clinical guidelines. Patient percentages will be compared to the average score for all Iowa Medicaid-enrolled providers.

Table 2.0-Patient with Diabetes Diagnosis compared to other IME Providers'

Clinical Guideline	Your Panel (n= x)	Iowa Medicaid Providers' Panel (n=x)
One HbA1c test in the past 12 months (patients 18-75 years)	54%	X%
Second HbA1c tests in the past 12 months (patients 18-75 years)	68%	X%
One LDL screen in the past 12 months (patients 18-75 years)	68%	X%
One HbA1c tests in the past 12 months (patients 5-17 years)	X%	X%

A goal of the Quality Improvement Plan (QIP) focuses on reducing short-term complications of diabetes. The goal is to reduce this admission rate by 10 percent by December 20, 2014. In an effort to help meet this goal, the IME will notify providers **monthly** when one or more of their Medicaid-enrolled patients are identified as high-risk for a diabetes short-term complication hospital admission (see Table 3.0 for an example of this report). Claims data will be used to identify these high-risk patients. The IME hopes this information will augment your efforts to contact patients who need support managing their diabetes.

This monthly patient profile as shown below will include:

- Patients attributed to you as the provider providing their diabetes care
- Patients identified at high-risk for a diabetes short-term complication admission

Possible Action Steps:

If you have a patient identified as high-risk, we encourage you or a member of your care team to take the following steps:

1. Contact your patients as soon as possible to review their diabetes care plan
2. Schedule an appointment to:
  - a. Conduct any necessary tests
  - b. Discuss your patient's diabetes care plan and identify barriers to self-management

Table 3.0- Patient Profile: Patients at Risk for Diabetes Short-Term Complications Admissions Report

Patient Profile: Patients at Risk for Diabetes Short-Term Complications Admission							
Patient Name	Risk Factor	Date of Risk Factor	DOB	Sex	Medicaid ID	Telephone	Provider Action
Last Name, First Name	ED	ED visit 5/16/13	xx/xx/xxxx	F	xxxxxxxxxx	xxx-xxx-xxxx	
Last Name, First Name	Rx – oral agent – no refill in 65 days	Last refill date 4/15/13	xx/xx/xxxx	M	xxxxxxxxxx	xxx-xxx-xxxx	
Last Name, First Name	Short Term Complications (STC)discharge	Discharge date 5/31/13	xx/xx/xxxx	M	xxxxxxxxxx	xxx-xxx-xxxx	

If you have any questions please contact the IME Diabetes Quality Improvement Program at 855-889-6278 or email at [info@IMEcustomerservice.com](mailto:info@IMEcustomerservice.com).